

Action Notice of Termination

LIC 447-54T (Rev 9/2008)

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

Insurer Name: _____

FEIN _____ NAIC # _____
Federal Employer Identification Number**To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby terminates the appointment of the licensee(s) named herein.**

*Termination Type: Only one termination type per line.

****AH** - Accident and Health Agent ****LO** - Life-Only Agent **LI** - Life-Only Limited to Funeral & Burial Expenses
FX - Fire/Casualty Broker-Agent **AU** - Limited Lines Auto Insurance Agent **LA** - Life and Disability Analyst
CS - Cargo Shipper's Agent **PL** - Personal Lines Broker Agent **MC** - Motor Club Agent **TA** - Travel Agent
PF - Part Time Fraternal Agent **DO** - Disability Only **HP** - Home Protection

	Termination Type *	Social Security/ FEIN	License #	Name: As shown on license	Effective date of termination
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If you are terminating an appointment because you have reason to believe the agent may have violated the California Insurance Code, please attach signed statement.**Signature of insurer:** Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Official Title: _____

Date: _____

E-mail: _____

Phone Number: () _____

****Filing fees:** Submit \$24 per termination type, if you are terminating both Life-Only and Accident Health, pay only one filing fee.

Mail Action Notice of Termination and fee to:
 California Department of Insurance
 P.O. Box 928
 Sacramento, CA 95812-0928

Enter number of terminations

X \$24 =

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